

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20037

1153

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Carlton G. Davids

Signature of Treasurer

Electronically Filed by Carlton G. Davids

Date

11

29

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 | 2010 | 210549.96 |
| (b) Cash on Hand at Beginning of Reporting Period | 37261.63 | |
| (c) Total Receipts (from Line 19) | 49610.92 | 443542.02 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 86872.55 | 654091.98 |
| 7. Total Disbursements (from Line 31) | 47637.98 | 614857.41 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 39234.57 | 39234.57 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 40668.49 | 363505.51 |
| (i) Itemized (use Schedule A) | 7045.02 | 68536.14 |
| (ii) Unitemized | 47713.51 | 432041.65 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 47713.51 | 432041.65 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 1955.83 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 1897.41 | 9523.19 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 21.35 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 49610.92 | 443542.02 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 49610.92 | 443542.02 |

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 1137.98 | 12534.04 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 1137.98 | 12534.04 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 46500.00 | 601493.32 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 830.05 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 830.05 | |
| 29. Other Disbursements..... | 0.00 | 0.00 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 47637.98 | 614857.41 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 47637.98 | 614857.41 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 47713.51 | 432041.65 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 830.05 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 47713.51 | 431211.60 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 1137.98 | 12534.04 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 1897.41 | 9523.19 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | -759.43 | 3010.85 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark F. Aaron, M.D., F.A.

Mailing Address 2507 Belmont Blvd

City

Nashville

State

TN

Zip Code

37212-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Thomas HospitalHeart
Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 99836C0F-9570-4061-

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Manuel E. Abella, M.D., F.A.

Mailing Address 9848 SW 110th St

City

Miami

State

FL

Zip Code

33176-2886

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Florida Cardiology
Associates P.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: 4B2AA257E36C0B698CF7

Amount of Each Receipt this Period

20.83

C.

Full Name (Last, First, Middle Initial)

Chowdhury H. Ahsan, M.D., Ph.D

Mailing Address 8100 Moonstone Circle

City

Las Vegas

State

NV

Zip Code

89128-7733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: C46E4AD2BF1B31A5A63

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

770.83

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jay H. Alexander, M.D., F.A.

Mailing Address 2256 Carlyle Ct

City

Buffalo Grove

State

IL

Zip Code

60089-4695

FEC ID number of contributing
federal political committee.**C**Name of Employer
North Shore Cardiologists,
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: 4309BBD38CD526393EF3

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Rene J. Alvarez, Jr., M.D.,

Mailing Address 425 McKean Dr

City

Wexford

State

PA

Zip Code

15090-7327

FEC ID number of contributing
federal political committee.**C**Name of Employer
University of Pittsburgh
Medical Centre

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: 48838782EA556CD754ED

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Rene J. Alvarez, Jr., M.D.,

Mailing Address 425 McKean Dr

City

Wexford

State

PA

Zip Code

15090-7327

FEC ID number of contributing
federal political committee.**C**Name of Employer
University of Pittsburgh
Medical Centre

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: 4B9FAB3151C06B9D9201

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

366.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Juan M. Aranda, Jr., M.D.,

Mailing Address 356 Turkey Crk

City

Alachua

State

FL

Zip Code

32615-9367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands at the University
of Florida

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 1 0

Transaction ID: 4C57A70AA2C7ECB2B88E

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bruce E. Barnum, M.D., F.A.

Mailing Address 1111 Hermann Dr
Unit 12D

City

Houston

State

TX

Zip Code

77004-6929

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 651F9878F10528C4EDE

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Abul W. Basher, M.B.B.S.,

Mailing Address 14628 Carrigan Ct

City

Granger

State

IN

Zip Code

46530-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer
La Porte Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 53D13DDDB4776737D17

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Timothy M. Bateman, M.D., F.A.

Mailing Address 3410 W 89th St

City

Leawood

State

KS

Zip Code

66206-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Consultant-
s, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 4ABA96187EA7A25BBC59

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Paul T. Batties, M.D., F.A.

Mailing Address 1633 N Capitol Ave
Ste 510

City

Indianapolis

State

IN

Zip Code

46202-1279

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 6CB36A9397AB17C9950

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William B. Bauman, M.D., F.A.

Mailing Address 670 Pine Point Dr

City

Akron

State

OH

Zip Code

44333-1779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summa Health System

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: A081D13D1CD91FF4D4D

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Bernbaum, M.D., F.A.

Mailing Address 1895 Art School Rd

City

Chester Springs

State

PA

Zip Code

19425-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 73937CF60D9DC7499A4

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Terence R. Bertele, M.D., F.A.

Mailing Address 2737 Devonshire PI NW
Apt 501

City

Washington

State

DC

Zip Code

20008-3458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chesapeake & Washington
Heartcare

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 3DCB0D941BB66DD9CD5

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ralph G. Brindis, M.D., M.P.

Mailing Address 1410 Monterey Blvd

City

San Francisco

State

CA

Zip Code

94127-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakland Kaiser Medical Ce-
nter

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: 4F79B2152F572F90258A

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alan S. Brown, M.D., F.A.

Mailing Address 1912 Alta Vista Ct

City

Naperville

State

IL

Zip Code

60563-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Heart Specialists-
Edward Heart

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: 42BFB616685369399800

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Thomas M. Brown, Jr., M.D.,

Mailing Address 510 S 26th St

City

West Des Moines

State

IA

Zip Code

50265-6457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Heart Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 5B78404704D10B30C93

Amount of Each Receipt this Period

1128.00

C.

Full Name (Last, First, Middle Initial)

Joseph G. Cacchione, M.D., F.A.

Mailing Address 5740 Hickory Knoll Ct

City

Fairview

State

PA

Zip Code

16415-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Health Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: 4755A2CE3270F9F6B12E

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

1312.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Daniel Carey, M.D., F.A.

Mailing Address 4408 Boonsboro Rd

City

Lynchburg

State

VA

Zip Code

24503-2334

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Associates
of Central V

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: B2891D1628E7929DA80

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Suresh Chandrasekaran, M.B.B.S.,

Mailing Address 11625 Old Mill Rd

City

Oklahoma City

State

OK

Zip Code

73131-7521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 424F0F5756F4859A8B6

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Raj H. Chandwaney, M.D., F.A.

Mailing Address 1265 S Utica Ave
Ste 300

City

Tulsa

State

OK

Zip Code

74104-4243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oklahoma Heart Institute

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: C0BCDE1C9AF27DEF072

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 65

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hollace D. Chastain, II, M.D.,

Mailing Address 1819 Braemar Dr

City

Fort Wayne

State

IN

Zip Code

46814-9364

FEC ID number of contributing
federal political committee.**C**Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: 475891E785B85227AD6E

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bernard A. Clark, III, M.D.,

Mailing Address 95 Johnny Cake Ln

City

Glastonbury

State

CT

Zip Code

06033-2545

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. Francis Hospital and
Medical Centre

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: 48988E10410E4D975C1D

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Benjamin J. Cohen, M.D., F.A.

Mailing Address 17414 Cumpston St

City

Encino

State

CA

Zip Code

91316-2514

FEC ID number of contributing
federal political committee.**C**Name of Employer
Interventional Cardiology
Medical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 6 | / | 2 | 0 | 1 | 0 |

Transaction ID: 45899EE618D6A59B31F8

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 65

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lianna S. Collinge, B.S.

Mailing Address 4014 88th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6157

FEC ID number of contributing
federal political committee.**C**Name of Employer
Washington Chapter of the
ACCOccupation
Cardiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.04

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: 4BD380FF9A93F23BE4AD

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

William G. Combs, M.D., F.A.

Mailing Address 5722 Ricky Ridge Trl

City

Orefield

State

PA

Zip Code

18069-8800

FEC ID number of contributing
federal political committee.**C**Name of Employer
The Heart Care Group, P.C.Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 7 | / | 2 | 0 | 1 | 0 |

Transaction ID: 2F36EE2AA3F61CB50BD

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Terence P. Connelly, M.D., F.A.

Mailing Address 19421 Lauzon Ave

City

Port Charlotte

State

FL

Zip Code

33948-7731

FEC ID number of contributing
federal political committee.**C**Name of Employer
Charlotte Heart & Vascular
InstituteOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 7 | / | 2 | 0 | 1 | 0 |

Transaction ID: 1A14EF755A775784E39

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1083.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Daniel P. Conroy, Jr., M.D.,

Mailing Address 122 Heller Way

City

Montclair

State

NJ

Zip Code

07043-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 4A2CB7627EEABAED835

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Daniel P. Conroy, Jr., M.D.,

Mailing Address 122 Heller Way

City

Montclair

State

NJ

Zip Code

07043-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 4A38A165B1069324A2E4

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Russell J. Cornell, M.D., F.A.

Mailing Address 368 Lakehurst Rd
Ste 301

City

Toms River

State

NJ

Zip Code

08755-7339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 921B3FBF366A51BD888

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

565.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Edgar A. Covarrubias, M.D., F.A.

Mailing Address 149 Bowsprit Dr

City

West Palm Beach

State

FL

Zip Code

33408-5053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palm Beach Cardiology Cen-
ter

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: FDD4F920337FC6215AD

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David R. Cragg, M.D., F.A.

Mailing Address 4600 Investment Dr
Ste 200

City

Troy

State

MI

Zip Code

48098-6375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Heart Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 425ABFBD1B9D32EE6ACD

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David R. Cragg, M.D., F.A.

Mailing Address 4600 Investment Dr
Ste 200

City

Troy

State

MI

Zip Code

48098-6375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Heart Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 1 0

Transaction ID: 4A00B1BEABCB70C31838

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 65

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

George H. Crossley, III, M.D.,

Mailing Address 276 Stratton Pl

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2001.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 1 | | 2 | 0 | 1 | 0 |

Transaction ID: 465B94F0CAF56674C574

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

George H. Crossley, III, M.D.,

Mailing Address 276 Stratton Pl

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2001.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 2 | 1 | | 2 | 0 | 1 | 0 |

Transaction ID: 4F11AE3B7208887B045C

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Evelyn J. Cusack, M.D., F.A.

Mailing Address 39 Ridge Rd

City

Weston

State

CT

Zip Code

06883-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Westchester Card-
iology Assoc

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 4 | | 2 | 0 | 1 | 0 |

Transaction ID: E9CABB09C12C48A1F8C

Amount of Each Receipt this Period

-250.00

Bounced Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Geeta N. Dalal, M.D.

Mailing Address 100 Llansfair Dr

City

Lafayette

State

LA

Zip Code

70503-8419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pediatric Cardiology of
Acadiana

Occupation

PEDIATRICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: FEFBB4C8D7F08684E08

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert M. Davidson, M.D., F.A.

Mailing Address 9646 Wendover Dr

City

Beverly Hills

State

CA

Zip Code

90210-1238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert M. Davidson, M.D.,
Inc.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: C007E20EC16819CF19F

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Steven B. Degalan, M.D., F.A.

Mailing Address 11515 Silvergate Dr

City

Dublin

State

CA

Zip Code

94568-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 182A47BA66C058B42E9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ziad M. Elghoul, M.D., F.A.

Mailing Address 2595 S Sean Dr

City

State

Zip Code

Chandler

AZ

85286-4370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 35FAB2B3E4058831795

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Eric E. Elgin, M.D., F.A.

Mailing Address 115 N Fairwood Ave

City

State

Zip Code

Reading

PA

19608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Associates of
West Reading

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 27ADF9C9671A6ED5F24

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William W. Ellis, M.D., F.A.

Mailing Address 704 N Dawson St

City

State

Zip Code

Thomasville

GA

31792-4451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultant of
South Georgia

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 89887DD6F92F83E1912

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

765.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 65

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Murray Estess, Jr., M.D.,

Mailing Address 1754 Sunflower Cir

City

Tupelo

State

MS

Zip Code

38801-8193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Associates of
North Mississ

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 2 | / | 2 | 0 | 1 | 0 |

Transaction ID: D1FAD67EBFF42367658

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Chester J. Falterman, M.D., F.A.

Mailing Address 1458 Avellino Cir

City

Murfreesboro

State

TN

Zip Code

37130-7608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: 476C87518B51C0937AF5

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

James W. Fasules, M.D., F.A.

Mailing Address 6 Cascades Dr

City

Little Rock

State

AR

Zip Code

72212-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Cardi-
ology

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 7 | / | 2 | 0 | 1 | 0 |

Transaction ID: 45F992D2105CC055DFD3

Amount of Each Receipt this Period

222.00

SUBTOTAL of Receipts This Page (optional)

555.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin Fitzpatrick, PA-C

Mailing Address 2400 N St NW
Heart House

City State Zip Code
Washington DC 20037-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Cardiology

Occupation
ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 4C149E5CD9864B65BE7F

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Benjamin P. Folk, M.D., F.A.

Mailing Address 1502 S Colorado St

City State Zip Code
Greenville MS 38703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 1 0

Transaction ID: 4C62550C-1E25-440F-

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lance B. Friedland, M.D., F.A.

Mailing Address 1010 Chesson Ct

City State Zip Code
Alpharetta GA 30022-7174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Group P.C.

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 7BD9CABCA4DBF2D7554

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

584.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Frank C. Galli, M.D., F.A.

Mailing Address 2490 Hospital Dr
Ste 311

City State Zip Code
Mountain View CA 94040-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 6EC59E48BBC9BFE3E41

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Linda D. Gillam, M.D., F.A.

Mailing Address 55 Old Farm Rd

City State Zip Code
Hamden CT 06517-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 586E28D461E2859AC73

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Michael F. Gilson, M.D., F.A.

Mailing Address 100 Prospect St

City State Zip Code
Providence RI 02906-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 4B66916532E631881BA9

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 65

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Carlos E. Girod, M.D., F.A.

Mailing Address PO Box 13617

City

San Juan

State

PR

Zip Code

00908-3617

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 2 | / | 2 | 0 | 1 | 0 |

Transaction ID: C64093FC83BFC8DD4AD

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Jonathan Gold, M.D., F.A.

Mailing Address 4 Casey Ct
18

City

Newtown

State

PA

Zip Code

18940-2621

FEC ID number of contributing
federal political committee.**C**Name of Employer
Comprehensive Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 8 | / | 2 | 0 | 1 | 0 |

Transaction ID: C7153E44D7819901390

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Karanvir S. Grewal, M.D., F.A.

Mailing Address 3705 Olentangy River Rd
Ste 100

City

Columbus

State

OH

Zip Code

43214-3467

FEC ID number of contributing
federal political committee.**C**Name of Employer
Mid-Ohio Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 2 | / | 2 | 0 | 1 | 0 |

Transaction ID: 05C34BD5243DD89180A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 65

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Anuj Gupta, M.D., F.A.

Mailing Address 1400 William St

City

Baltimore

State

MD

Zip Code

21230-4545

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Maryland Sc-
hool of Medic

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: 45ADBCC3C4E8CEC0E822

Amount of Each Receipt this Period

20.83

B.

Full Name (Last, First, Middle Initial)

Anuj Gupta, M.D., F.A.

Mailing Address 1400 William St

City

Baltimore

State

MD

Zip Code

21230-4545

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Maryland Sc-
hool of Medic

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: 4DE78A3F95EEEE15A3A6

Amount of Each Receipt this Period

20.83

C.

Full Name (Last, First, Middle Initial)

Joseph W. Helak, M.D., F.A.

Mailing Address 175 Mary St

City

Boone

State

NC

Zip Code

28607-5025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sanger Heart and Vascular
Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 7 | / | 2 | 0 | 1 | 0 |

Transaction ID: 028AB10EE38E4E5AA01

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

291.66

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 65

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joseph W. Helak, M.D., F.A.

Mailing Address PO Box 621

City

Blowing Rock

State

NC

Zip Code

28605-0621

FEC ID number of contributing
federal political committee.**C**Name of Employer
Sanger Heart and Vascular
Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 7 | / | 2 | 0 | 1 | 0 |

Transaction ID: BA6EBEE32628FFE9CB9

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jerome L. Hines, M.D., Ph.D

Mailing Address 11 Salt Creek Ln
Ste 2

City

Hinsdale

State

IL

Zip Code

60521-3032

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.02

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 1 | / | 2 | 0 | 1 | 0 |

Transaction ID: 424484AFA85DC41F777B

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Jerome L. Hines, M.D., Ph.D

Mailing Address 11 Salt Creek Ln
Ste 2

City

Hinsdale

State

IL

Zip Code

60521-3032

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.02

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 1 | / | 2 | 0 | 1 | 0 |

Transaction ID: 4C2AA9E31DCC8D909570

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

416.68

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 65

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert E. Hobbs, M.D., F.A.

Mailing Address 2713 Dryden Rd

City

Shaker Heights

State

OH

Zip Code

44122-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: 4C23BD36203A43D1046F

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

John H. Jentzer, M.D., F.A.

Mailing Address 2317 Stone Crest Way

City

Saint George

State

UT

Zip Code

84790-6156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 7 | / | 2 | 0 | 1 | 0 |

Transaction ID: FE7AE84A3693B941173

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

C. David Joffe, M.D., F.A.

Mailing Address 7067 Meeker Commons Ln

City

Dayton

State

OH

Zip Code

45414-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dayton Heart Center, Inc.

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.06

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: 47FAAFE92D298C53E301

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

416.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

C. David Joffe, M.D., F.A.

Mailing Address 7067 Meeker Commons Ln

City

Dayton

State

OH

Zip Code

45414-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dayton Heart Center, Inc.

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.06

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 417791D42A51217DEEB2

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Rakesh Kansal, M.D., F.A.

Mailing Address 9936 Tanglewood Ct

City

Munster

State

IN

Zip Code

46321-3835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 38604006C81EFA50837

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Bahij N. Khuri, M.D., F.A.

Mailing Address 214 Pecan Meadow Dr

City

Baton Rouge

State

LA

Zip Code

70810-9500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 5E36AB6207B9C3C44C4

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

698.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

George P. Kinzfogl, III, M.D.,

Mailing Address 33 Lettery Cir

City

Sudbury

State

MA

Zip Code

01776-7400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Center of MetroWest

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.47

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 44DDB9A559110B64C6E0

Amount of Each Receipt this Period

20.83

B.

Full Name (Last, First, Middle Initial)

George P. Kinzfogl, III, M.D.,

Mailing Address 33 Lettery Cir

City

Sudbury

State

MA

Zip Code

01776-7400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Center of MetroWest

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.47

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 4A49BE5ADCE1CAB05C69

Amount of Each Receipt this Period

20.83

C.

Full Name (Last, First, Middle Initial)

Ada A. Koransky, M.D., F.A.

Mailing Address 2505 Samaritan Dr
Ste 404

City

San Jose

State

CA

Zip Code

95124-4012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 97216D9128B294FDEEC

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

291.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven E. Kornberg, M.D., F.A.

Mailing Address 10 E New York Ave
Ste 2

City State Zip Code
Somers Point NJ 08244-2367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shore Heart Consultants,
LLC

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 4FC7BF308C2F97F6C144

Amount of Each Receipt this Period

41.66

B.

Full Name (Last, First, Middle Initial)

Steven E. Kornberg, M.D., F.A.

Mailing Address 10 E New York Ave
Ste 2

City State Zip Code
Somers Point NJ 08244-2367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shore Heart Consultants,
LLC

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: 4B129355EF3850815959

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)

Vijay S. Kusnoor, M.B.B.S.,

Mailing Address 3570 College St

City State Zip Code
Beaumont TX 77701-4683

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 6AAF6FEA517BA60F0F9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1083.32

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 65

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William L. Lombardi, M.D., F.A.

Mailing Address 2979 Squalicum Pkwy
Ste 101

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Bellingham | WA | 98225-1813 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
North Cascade CardiologyOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: 431E9CD6997DFC6C8AE

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Orlando Lopez-Fernandez, Jr., M.D.,

Mailing Address 1 Datan Ctr

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Miami | FL | 33156-7814 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Preferred Care Partners,
PSO Health PIOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: 1A994E766E09CEA8A69

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Charles Y. Lui, M.D., F.A.

Mailing Address 500 Foothill Blvd
Va Salt Lake City Health Care Syst

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| Salt Lake City | UT | 84148-0001 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Veterans Administration
Medical CenterOccupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 2 | / | 2 | 0 | 1 | 0 |

Transaction ID: 16100B869985C86FA2F

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bitthal D. Maheshwari, M.D., F.A.

Mailing Address 613 S Howard St

City

Corona

State

CA

Zip Code

92879-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 8FD25E823DC08502CBA

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Sanjay Malhotra, M.B.B.S.,

Mailing Address 23 Brandermill Dr

City

Henderson

State

NV

Zip Code

89052-6600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 5212498AA7441AF5248

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Randall C. Marsh, M.D., F.A.

Mailing Address 1919 19th Ave

City

Greeley

State

CO

Zip Code

80631-5209

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Colorado Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 14165053E038E5BD38A

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bradley B. McElroy, M.D., F.A.

Mailing Address PO Box 7648

City

Paducah

State

KY

Zip Code

42002-7648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

INTERNAL MED.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 2F0560B23D55B448FDB

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Thomas L. McKiernan, M.D., F.A.

Mailing Address 156 E Saint Charles Rd

City

Elmhurst

State

IL

Zip Code

60126-3424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loyola University

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 58EE4C72F33E5375139

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Albert B. Mercer, M.D., F.A.

Mailing Address 1120 Griffith Ave

City

Owensboro

State

KY

Zip Code

42301-2812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Green River Heart Institu-
te

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 4E34B5FA9DDE91BB77B2

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lynn K. Miller, M.D., F.A.

Mailing Address 1100 Hill Line Trl

City

Bloomfield Hills

State

MI

Zip Code

48301-2131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 9E246B3BF93F248FCD7

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Francis J. Mirecki, M.D., F.A.

Mailing Address 196 Parkway S
Ste 103

City

Waterford

State

CT

Zip Code

06385-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Connecticut Cardi-
ology Associa

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 7C4A1AF7112482C7DF9

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael J. Mirro, M.D., F.A.

Mailing Address 2005 Prestwick Ln

City

Fort Wayne

State

IN

Zip Code

46814-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology Cor-
poration

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: 4E859C7F6DB23A1DE409

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Madjid Mirzaitehrane, M.D., F.A.

Mailing Address 4139 Bellefontaine St

City

Houston

State

TX

Zip Code

77025-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelsey-Seybold Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 1 0

Transaction ID: 494CA8D62F67D6F933CF

Amount of Each Receipt this Period

91.25

B.

Full Name (Last, First, Middle Initial)

Gregory J. Mishkel, M.D., F.A.

Mailing Address 619 E Mason St
Ste 4P35

City

Springfield

State

IL

Zip Code

62701-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prairie Heart Institute,
St. John's Ho

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: B56B977E-0D12-4651-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David J. Moliterno, M.D., F.A.

Mailing Address 2204 Terranova Ct

City

Lexington

State

KY

Zip Code

40513-1839

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kentucky

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 6634CD15-864F-40D4-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

841.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mani Nallasivan, M.B.B.S.,

Mailing Address 388 E Yosemite Ave
Ste 100

City State Zip Code
Merced CA 95340-8219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merced Heart Associates

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: C6C811431A307CDFDBA

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Claude T. Nesser, M.D., F.A.

Mailing Address 15 Timberlane Dr

City State Zip Code
Hammond LA 70403-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 875126F2A766BF788C6

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David A. Orsinelli, M.D., F.A.

Mailing Address 4305 Wyandotte Woods Blvd

City State Zip Code
Dublin OH 43016-8661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University Med-
ical Center

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 9181566A8EFB3EC45F8

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alice A. Passer, M.D., F.A.

Mailing Address 12 Meloon Rd

City

Greenland

State

NH

Zip Code

03840-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Exeter Cardiovascular Ass-
ociates, PLLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: 1731FF782D683C2C644

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gaetano N. Pastore, M.D., F.A.

Mailing Address 101 Salasin Drive

City

Avondale

State

PA

Zip Code

19311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Physicians, P.-
A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 1 0

Transaction ID: F3B4F3AF-345D-4920-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Hemantkumar M. Patel, M.D., F.A.

Mailing Address 2314 Tattersalls Dr

City

Wilmington

State

NC

Zip Code

28403-8017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilmington Cardiology, PL-
LC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 7E785E8DA0A79BFBFAC

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William H. Pentz, M.D., F.A.

Mailing Address 230 W Washington Sq
 FI 3

City State Zip Code
 Philadelphia PA 19106-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pennsylvania Cardiology
 Associates

Occupation
 ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 1 0

Transaction ID: E06BE38EEF28BFF5D90

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Neal S. Perlmutter, M.D., F.A.

Mailing Address 1820 9th St W

City State Zip Code
 Kirkland WA 98033-4837

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 1 0

Transaction ID: 4B0783A440B91EBE2BF0

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Neal S. Perlmutter, M.D., F.A.

Mailing Address 1820 9th St W

City State Zip Code
 Kirkland WA 98033-4837

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 1 0

Transaction ID: 49E69700B1087E4AC6E0

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

333.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 65

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles W. Phillips, M.D., F.A.

Mailing Address 104 Williamson Ct

5875 Bremo Road Suite 501

City

Richmond

State

VA

Zip Code

23229-7763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Cardiovascular
Specialist

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 2 | / | 2 | 0 | 1 | 0 |

Transaction ID: C433DBF13937658EF0D

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David J. Pinnelas, M.D., F.A.

Mailing Address 2 Hopi Ct

City

Manalapan

State

NJ

Zip Code

07726-4628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shore Heart Group

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 6 | / | 2 | 0 | 1 | 0 |

Transaction ID: 4A1DB446E618743BF742

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)

James B. Powers, M.D., F.A.

Mailing Address 11 Bowdoin Dr

City

Falmouth

State

ME

Zip Code

04105-2557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Cardiology Associat-
es

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 2 | / | 2 | 0 | 1 | 0 |

Transaction ID: 47959019A596030D109D

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

374.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Adam J. Prudoff, M.D.

Mailing Address 35 Missionary Dr

City

Brentwood

State

TN

Zip Code

37027-8942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 8E0477811EBAC287CD5

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Brahmaji S. Puram, M.D., F.A.

Mailing Address PO Box 2197

City

Pikeville

State

KY

Zip Code

41502-2197

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: AE665B941A43E08C641

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mubashir A. Qazi, M.B.B.S.,

Mailing Address 4301 Bridle Ridge Ln

City

Lexington

State

KY

Zip Code

40515-9620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Cardiology

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 78D609176ADE0735FB3

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 65

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Scott J. Ratner, M.D., F.A.

Mailing Address 407 Franklin Ave

City

Franklin Square

State

NY

Zip Code

11010-1227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: 311D4A618E12BF63C46

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

David R. Richards, D.O., F.A.

Mailing Address 10495 Cardigan Ridge Pl

City

Powell

State

OH

Zip Code

43065-8784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Ohio Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 7 | / | 2 | 0 | 1 | 0 |

Transaction ID: 3D4CB7EEABB450D4A4F

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Sheila A. Robinson, M.D., F.A.

Mailing Address 999 Peachtree St NE
Ste 850

City

Atlanta

State

GA

Zip Code

30309-4453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 2 | / | 2 | 0 | 1 | 0 |

Transaction ID: B6869B2A6100EE73603

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

George P. Rodgers, M.D., F.A.

Mailing Address 2441 Westlake Dr

City

Austin

State

TX

Zip Code

78746-2950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biophysical Corporation

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.01

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 4D05A18393C5D7F84A78

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

George P. Rodgers, M.D., F.A.

Mailing Address 2441 Westlake Dr

City

Austin

State

TX

Zip Code

78746-2950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biophysical Corporation

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.01

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 1 0

Transaction ID: 4281BECBD81DDFE64459

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

David A. Rosenbaum, M.D., F.A.

Mailing Address 2835 Halleys Ct

City

Colorado Springs

State

CO

Zip Code

80906-1067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pikes Peak Cardiology

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: 4B9685E65ACF8F996FED

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

166.67

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 65

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Florence G. Rothenberg, M.D., F.A.

Mailing Address 222 Reily Rd

City

Cincinnati

State

OH

Zip Code

45215-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Cincinnati

Occupation

CARDIOVASCULAR RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.34

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: 45A68A6FC62F6D517969

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Charles Edward Ruggeroli, M.D., F.A.

Mailing Address 7310 Lake Farm Ave

City

Las Vegas

State

NV

Zip Code

89131-3384

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Cardiovascular
Consultants

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 8 | / | 2 | 0 | 1 | 0 |

Transaction ID: 01CFC0BAC320A4C6611

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

John S. Rumsfeld, M.D., Ph.D

Mailing Address 1055 Clermont St
Cardiology (111B)

City

Denver

State

CO

Zip Code

80220-3808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Denver VA Medical Center /
University

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: 4B6B9E590C550E8834BD

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

531.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Timothy A. Sanborn, M.D., F.A.

Mailing Address 2650 Ridge Ave

City

Evanston

State

IL

Zip Code

60201-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northshore University Healthsystem

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 570F829D108DEF73747

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David A. Sato, M.D., F.A.

Mailing Address 1936 Edgewood Dr

City

South Pasadena

State

CA

Zip Code

91030-3918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Foothill Cardiology/California Heart M

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: D7E306F0-4580-4B6B-

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael K. Schroyer, RN

Mailing Address 10580 N Meridian St

City

Indianapolis

State

IN

Zip Code

46290-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Vincent Heart Center of Indiana

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 40B8804C9265EA23B8D6

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

833.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael K. Schroyer, RN

Mailing Address 10580 N Meridian St

City

Indianapolis

State

IN

Zip Code

46290-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Vincent Heart Center
of Indiana

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 48939F7E00F8E26CCB1D

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Richard P. Seher, M.D., F.A.

Mailing Address PO Box 10701

City

Reno

State

NV

Zip Code

89510-0701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reno Heart PhysiciansElm
Street Profes

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: F0E57219D3D5AE874D8

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Timothy J. Shanahan, D.O., F.A.

Mailing Address 8714 Spur Ln

City

Easton

State

MD

Zip Code

21601-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chesapeake Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: 4D3BAEB6D79E208E5DED

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

469.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Omer L. Shedd, M.D., F.A.

Mailing Address 208 Tinkham Trails

City

Cramerton

State

NC

Zip Code

28032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Carolina Cardiology

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: D1E23FCA-06CE-465C-

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard R. Shehane, M.D., F.A.

Mailing Address 2468 Ram Crossing Way

City

Henderson

State

NV

Zip Code

89074-8308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Heart and Vascular
Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: 24B70463D077D28BB95

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Marc E. Shelton, M.D., F.A.

Mailing Address 3700 Vanderbilt Cir

City

Springfield

State

IL

Zip Code

62711-4012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prairie Cardiovascular Co-
nsultants Ltd

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 781A12318F738AD0D67

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John W. Shuck, M.D., F.A.

Mailing Address 1100 Forrest Ave

City

Dover

State

DE

Zip Code

19904-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 4FFC91F94CFB284EC7E9

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Hina Farooq Siddiqui, M.B.B.S.,

Mailing Address 7815 Oxfordshire Dr

City

Spring

State

TX

Zip Code

77379-4667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Rhythm Associates,
PA

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 9640644F0B2B1A4E87A

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Alan J. Silverman, D.O., F.A.

Mailing Address 29645 W 14 Mile Rd
Ste 200

City

Farmington Hills

State

MI

Zip Code

48334-1666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C1DB211262F408772FD

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

584.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul Richard Silverman, M.D., F.A.

Mailing Address 1135 N Kenilworth Ave

City

Oak Park

State

IL

Zip Code

60302-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Consultants
South Subur

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 005AEC61C53EB3F41C8

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Narendra Singh, M.D., F.A.

Mailing Address 6350 Haddington Ln

City

Johns Creek

State

GA

Zip Code

30024-5304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlanta Heart Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 4E0BB749373BE6645E77

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)

Richard W. Snyder, M.D., F.A.

Mailing Address 5514 Yolanda Ln

City

Dallas

State

TX

Zip Code

75229-6440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Place

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: 4CEE8E50E1821BF0070

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

541.66

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 65

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark R. Sorensen, M.D., F.A.

Mailing Address 211 S Main St
Ste 205

| | | |
|--------------------|-------|------------|
| City | State | Zip Code |
| Cape May Court Hou | NJ | 08210-2264 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Cape Shore CardiologyOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: 4FE683253F6A3EAD8E0C

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Michael E. Staab, M.D., F.A.

Mailing Address 4923 Christensen Dr

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Littleton | CO | 80123-6585 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: 338C3F75-747F-40FB-

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard F. Terry, M.D., F.A.

Mailing Address 8 Highland Park

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Wheeling | WV | 26003-5473 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 7 | / | 2 | 0 | 1 | 0 |

Transaction ID: B8890AA2D92059F71DE

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

633.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Suma A. Thomas, M.D., F.A.

Mailing Address 7620 Old Georgetown Rd
Apt 1214

City State Zip Code
Bethesda MD 20814-6182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.06

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 4179B9BE40FE07D35E8A

Amount of Each Receipt this Period

208.34

B.

Full Name (Last, First, Middle Initial)

Suma A. Thomas, M.D., F.A.

Mailing Address 7620 Old Georgetown Rd
Apt 1214

City State Zip Code
Bethesda MD 20814-6182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.06

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 476682D637BD50CE9197

Amount of Each Receipt this Period

208.34

C.

Full Name (Last, First, Middle Initial)

Donald C. Thompson, M.D., F.A.

Mailing Address 2481 Ranch Reserve Rdg

City State Zip Code
Westminster CO 80234-2693

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Associates
PC

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 64CFE1F161C19C9C998

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1416.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Peter L. Tilkemeier, M.D., F.A.

Mailing Address 49 Farm Dr

City

Cumberland

State

RI

Zip Code

02864-3521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warren Alpert Medical School of Brown

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 38C658B5F6F6DBE84C6

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kenneth P. Tway, M.D., F.A.

Mailing Address 1106 Pacific St

City

San Luis Obispo

State

CA

Zip Code

93401-3302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

INTERNAL MED.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: FDC17AC682FFC3DD2BD

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

C. Michael Valentine, M.D., F.A.

Mailing Address 1487 Langhorne Rd

City

Lynchburg

State

VA

Zip Code

24503-2515

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cardiovascular Group
Centra/Stroob

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.06

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 4527898AB8D1B8FB1BF5

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

948.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

C. Michael Valentine, M.D., F.A.

Mailing Address 1487 Langhorne Rd

City

Lynchburg

State

VA

Zip Code

24503-2515

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cardiovascular Group
Centra/Stroob

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.06

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 4D88BD962F4E775F70DE

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Hector O. Ventura, M.D., F.A.

Mailing Address 1514 Jefferson Hwy

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ochsner Clinic Foundation-
Dept of Cardi

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 167F28885708FA595F2

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Juan Villafane, M.D., F.A.

Mailing Address 1400 Willow Ave
1205

City

Louisville

State

KY

Zip Code

40204-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

PEDIATRICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 4C748DC7722C1A0E80F5

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

416.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Juan Villafane, M.D., F.A.

Mailing Address 1400 Willow Ave
1205

City State Zip Code
Louisville KY 40204-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PEDIATRICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 414596A255A52CB6ECC2

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Thomas R. Vrobel, M.D., F.A.

Mailing Address 2135 Miami Rd

City State Zip Code
Euclid OH 44117-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metro Health Medical Center

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 3BFF01AE554A8EF31C2

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Thad F. Waites, M.D., F.A.

Mailing Address 1017 Richburg Rd

City State Zip Code
Hattiesburg MS 39402-9055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Heart Center

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 4CBE817E66D75D5B543B

Amount of Each Receipt this Period

91.00

SUBTOTAL of Receipts This Page (optional)

539.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 65

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thad F. Waite, M.D., F.A.

Mailing Address 1017 Richburg Rd

City

Hattiesburg

State

MS

Zip Code

39402-9055

FEC ID number of contributing
federal political committee.**C**Name of Employer
Southern Heart Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: 489F90C5C722D87B2898

Amount of Each Receipt this Period

91.00

B.

Full Name (Last, First, Middle Initial)

Howard T. Walpole, Jr., M.D.,

Mailing Address 31 Northumberland

City

Nashville

State

TN

Zip Code

37215-4123

FEC ID number of contributing
federal political committee.**C**Name of Employer
Saint Thomas Health Services

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: 4E9DAADACE6E485F500A

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mary Norine Walsh, M.D., F.A.

Mailing Address 428 W 83rd Pl

City

Indianapolis

State

IN

Zip Code

46260-4905

FEC ID number of contributing
federal political committee.**C**Name of Employer
The Care Group LLC

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: 455EB3CAFB9E91B4E57B

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

691.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Daniel E. Wildes, Jr., D.O.,

Mailing Address 1520 Timberlane

City

Fort Dodge

State

IA

Zip Code

50501-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Heart Center @ Fort
Dodge, PC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INTERVENTIONAL CARDIOLOGY

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: D68C571895624B3843E

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David M. Wilkett, D.O.

Mailing Address 9709 E 90th Ct N

City

Owasso

State

OK

Zip Code

74055-7270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ADULT CARDIOLOGY

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 44EB69B5EDEECEB038A

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Carletta Williams, RN

Mailing Address 522 Maxwell Ave

City

Steubenville

State

OH

Zip Code

43952-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weirton Medical Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INTERVENTIONAL CARDIOLOGY

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 4B349973DB4373D26308

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

542.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Carletta Williams, RN

Mailing Address 522 Maxwell Ave

City

Steubenville

State

OH

Zip Code

43952-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weirton Medical Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 4523B678DE244E9F08D3

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Joseph S. Wilson, Jr., M.D.,

Mailing Address 755 Mount Vernon Hwy NE
Ste 530

City

Atlanta

State

GA

Zip Code

30328-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology of Georgia, P.-
C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 49F383B62FBC674F4350

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Joseph S. Wilson, Jr., M.D.,

Mailing Address 755 Mount Vernon Hwy NE
Ste 530

City

Atlanta

State

GA

Zip Code

30328-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology of Georgia, P.-
C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 4BD6AE478DF5F5E62582

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

442.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard F. Wright, M.D., F.A.

Mailing Address 1038 S Carmelina Ave

City

Los Angeles

State

CA

Zip Code

90049-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2950.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: 487B850C9277EF7CB3DA

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Lambert A. Wu, M.D., F.A.

Mailing Address 1524 NW Grove Ave

City

Topeka

State

KS

Zip Code

66606-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cotton O'Neil Heart Center

Occupation

ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.02

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 49729F8A2D1966669E6D

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Lambert A. Wu, M.D., F.A.

Mailing Address 1524 NW Grove Ave

City

Topeka

State

KS

Zip Code

66606-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cotton O'Neil Heart Center

Occupation

ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.02

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 1 0

Transaction ID: 4F15B84A520878F8E5EB

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

416.68

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 65

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

George Younis, M.D., F.A.

Mailing Address 3035 Wroxton Rd

City

Houston

State

TX

Zip Code

77005-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Episcopal Hosp-
ital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 40929622B27AC12EEF11

Amount of Each Receipt this Period

20.83

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED**B.**

Full Name (Last, First, Middle Initial)

James Patrick Zidar, M.D., F.A.

Mailing Address 107 Bartica Ct

City

Cary

State

NC

Zip Code

27519-8333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke Cardiology of Raleigh

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: E850E635-36F7-4D8B-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

520.83

TOTAL This Period (last page this line number only)

40668.49

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 / 65

| | | | |
|------------------------------|------------------------------|--|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City

Richmond

State

VA

Zip Code

23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

9523.19

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 8 | | 2 | 0 | 1 | 0 |

Transaction ID: D75E2135C072E922D2A

Amount of Each Receipt this Period

1897.41

Reimburse. for September
Amex and October Merchant
Fees

SUBTOTAL of Receipts This Page (optional)

1897.41

TOTAL This Period (last page this line number only)

1897.41

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 65

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
October Amex Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: VB1F61133F01F6D45807

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

162.37

B.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City
Knoxville

State
TN

Zip Code
37920

Purpose of Disbursement
November Merchant Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: MB8A3E84E84AE30A3E76

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

975.61

SUBTOTAL of Disbursements This Page (optional)

1137.98

TOTAL This Period (last page this line number only)

1137.98

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 / 65

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Bera for Congress | Transaction ID: 99326614E0B3957FE7C Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Post Office Box 582496 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 1 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 1 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Elk Grove State CA Zip Code 95758 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 General Candidate Name Ameriash Bera | <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| Category/Type 011 | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Berkley for Congress | Transaction ID: 27EB736C8D74CE54A97 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 3069 Conquista Court | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 4 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 1 | 4 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Las Vegas State NV Zip Code 89121 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 General Candidate Name Shelley Berkley | <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table> | 5000.00 | | | | | | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| Category/Type 011 | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Demmer for Congress | Transaction ID: 0857BB1E1484AC5632A Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 502 2nd St NE | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 1 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 1 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Hayfield State MN Zip Code 55940 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 General Candidate Name Randy Demmer | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| Category/Type 011 | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"> <tr> <td>8500.00</td> </tr> </table> | 8500.00 | | | | | | | | | | | | | | | | | | | |
| 8500.00 | | | | | | | | | | | | | | | | | | | | | |
| TOTAL This Period (last page this line number only) | <table border="1"> <tr> <td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 / 65

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Diane Black for Congress | Transaction ID: 19C27D0F9AA82374D85 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 819 Plantation Blvd | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 1 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 1 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Gallatin State TN Zip Code 37066 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 General Candidate Name Diane Black | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Dutch Ruppersberger for Congress | Transaction ID: FDFD8CBEBB67478BB82 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 22 West Padonia Road Suite C-141 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 0 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 0 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Timonium State MD Zip Code 21093 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 General Candidate Name C.A. Dutch Ruppersberger | <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy | Transaction ID: 5871A53C434F47BAA76 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 151 Linden Road | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Mineola State NY Zip Code 11501 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 General Candidate Name Carolyn McCarthy | <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"> <tr> <td colspan="10">6000.00</td> </tr> </table> | 6000.00 | | | | | | | | | | | | | | | | | | | |
| 6000.00 | | | | | | | | | | | | | | | | | | | | | |
| TOTAL This Period (last page this line number only) | <table border="1"> <tr> <td colspan="10"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 / 65

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends of Joe Pitts

Mailing Address PO Box 775

City
UnionvilleState
PAZip Code
19375Purpose of Disbursement
2010 GeneralCandidate Name
Joseph R. Pitts011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: AE8D6735BBBACA1D28D

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 0 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Friends of Nan Hayworth

Mailing Address 51 Gleneida Avenue

City
CarmelState
NYZip Code
10512Purpose of Disbursement
2010 GeneralCandidate Name
Nan S. Hayworth011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: 432385B725CD7BB497E

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Hoosiers for Rokita, Inc.

Mailing Address 7643 East U.S. 36

City
AvonState
INZip Code
46123Purpose of Disbursement
2010 GeneralCandidate Name
Todd Rokita011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 04

Transaction ID: 97406450B050A4ED233

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 / 65

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Kirk for Senate | Transaction ID: EB12415F6B9CC4C2FAF Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 8 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 4 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 1 | 4 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Winnetka State IL Zip Code 60093 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Special Candidate Name Mark Steven Kirk | <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table> | 5000.00 | | | | | | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special | | | | | | | | | | | | | | | | | | | | |
| Category/Type 011 | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Langevin for Congress | Transaction ID: C183E78F582C050E0CC Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 181A Knight Street | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 1 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 1 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Warwick State RI Zip Code 02886 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 General Candidate Name James R. Langevin | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| Category/Type 011 | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Mobrooksforcongress.Com | Transaction ID: A3CE415BF5E35C749A4 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 7610 Foxfire Drive | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 1 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 1 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Huntsville State AL Zip Code 35802 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 General Candidate Name Morris Jackson Brooks, Jr. | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| Category/Type 011 | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"> <tr> <td colspan="10">7000.00</td> </tr> </table> | 7000.00 | | | | | | | | | | | | | | | | | | | |
| 7000.00 | | | | | | | | | | | | | | | | | | | | | |
| TOTAL This Period (last page this line number only) | <table border="1"> <tr> <td colspan="10"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 / 65

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

| | | |
|--|---|--|
| A. | Full Name (Last, First, Middle Initial) Rogers for Congress | Transaction ID: 2024ADA167BA17A3CC9 Date of Disbursement MM / DD / YYYY 10 / 14 / 2010 |
| | Mailing Address PO Box 581 | |
| | City Brighton State MI Zip Code 48116 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement 2010 General | 011 Category/ Type |
| | Candidate Name Mike Rogers | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: MI District: 08 | |
| B. | Full Name (Last, First, Middle Initial) Scott Murphy for Congress | Transaction ID: 3E8EF46240F1404C089 Date of Disbursement MM / DD / YYYY 10 / 14 / 2010 |
| | Mailing Address 5 South Side Dr. #224 | |
| | City Clifton Park State NY Zip Code 12065 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement 2010 General | 011 Category/ Type |
| | Candidate Name Scott Murphy | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: NY District: 20 | |
| C. | Full Name (Last, First, Middle Initial) Sue Myrick for Congress | Transaction ID: 5719F9A2FF9F4BBEAC8 Date of Disbursement MM / DD / YYYY 10 / 28 / 2010 |
| | Mailing Address PO Box 37091 | |
| | City Charlotte State NC Zip Code 28237 | Amount of Each Disbursement this Period 1500.00 |
| | Purpose of Disbursement 2010 General | 011 Category/ Type |
| | Candidate Name Sue Wilkins Myrick | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: NC District: 09 | |
| SUBTOTAL of Disbursements This Page (optional) | | 11500.00 |
| TOTAL This Period (last page this line number only) | | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 / 65

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------|-------------------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Tim Bishop for Congress | Transaction ID: 5BFA9F7629F098086E9 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 437 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Farmingville State NY Zip Code 11738 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 General | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Timothy H. Bishop | <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 011 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Whitfield for Congress Committee | Transaction ID: AB2A109F8EEB4AC7251 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 391 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 1 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 1 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Hopkinsville State KY Zip Code 42241 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 General | <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Edward Whitfield | <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 011 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Yarmuth for Congress | Transaction ID: D32D0BAFDE9314497F6 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1819 Brownsboro Road | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 1 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 1 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Louisville State KY Zip Code 40202 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 General | <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name John A. Yarmuth | <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 011 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"> <tr> <td>6000.00</td> </tr> </table> | 6000.00 | | | | | | | | | | | | | | | | | | | |
| 6000.00 | | | | | | | | | | | | | | | | | | | | | |
| TOTAL This Period (last page this line number only) | <table border="1"> <tr> <td>46500.00</td> </tr> </table> | 46500.00 | | | | | | | | | | | | | | | | | | | |
| 46500.00 | | | | | | | | | | | | | | | | | | | | | |